

P15000095557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

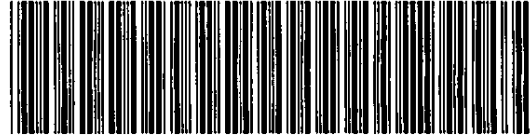
(Business Entity Name)

(Document Number)

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16 JUL 21 AM 11:51  
STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2016

EYJO GUDMUNDSSON  
EYJO GUDMUNDSSON, PA  
812 SKY PINE WAY B-3  
GREENACRES, FL 33415

SUBJECT: EYJO GUDMUNDSSON, PA  
Ref. Number: P15000095557

We have received your document for EYJO GUDMUNDSSON, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 316A00014359

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JUL 21 04:11:51

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: EYJO GUDMUNDSSON PA.

DOCUMENT NUMBER: P15000095557

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EYJO GUDMUNDSSON

Name of Contact Person

EYJO GUDMUNDSSON PA

Firm/ Company

812 SKY PINE WAY B-3

Address

GREENACRES FL 33415

City/ State and Zip Code

EYJO123@GMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

EYJO GUDMUNDSSON

at 561 827-7667

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status.

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DIVISION OF CORPORATIONS  
16 JUL 21 AM 11:51

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EYJO GUDMUNDSSON PA
2. The principal office address: 812 SKY PINE WAY B-3  
GREENACRES, FL 33415
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11-23-2015 Document number: P15000095557
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EYJO GUDMUNDSSON

812 SKY PINE WAY B-3

P.O. Box NOT acceptable

GREENACRES, FL 33415

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

EYJO GUDMUNDSSON

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

7-28-2016

Date

If signing on behalf of an entity:

EYJO GUDMUNDSSON

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

16 JUL 21 AM 11:51  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA